1	2	3	4	5
21.	Saraikela-Kharsawan	*	8	50
22.	Simdega	*	6	24
	TOTAL:	243	462	987

* RNTCP DOTS Programme was not being implemented during that period in the district.

Special grant to the Red Cross

2088. SHRI VARINDER SINGH BAJWA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether his Ministry propose to make a special grant to the Indian Red Cross Society to tackle the unprecedented situation arising from floods this year in various parts of the country;

(b) if so, the details thereof;

(c) if not, whether his Ministry would take specific steps to tackle the likely outbreak of diseases in the flood affected areas and if so the details thereof; and

(d) the expenditure likely to be incurred thereon from the Central budget?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) No, Sir.

(b) Does not arise.

(c) and (d) The primary responsibility for managing natural disasters is that of the State Government. The Central Government supports the State in terms of human resource and material supplies on the request of the State Government or the extent of the disaster is beyond the coping abilities of the State. Ministry of Home Affairs is the nodal Ministry for management of natural disasters. Ministry of Health and Family Welfare is one of the supporting Ministries. Emergency medical preparedness and response activities include:

- There is an Emergency Support Function Plan which is put into action during disasters.
- Health sector guidelines to deal with public health situation in the aftermath of any natural calamity is circulated to the State Governments in the pre-monsoon period. This includes guidelines on investigation and control of outbreaks of water borne diseases.
- Depending upon the natural and extent of disaster, Ministry of Health and Family Welfare organizes emergency medical relief in terms of providing manpower, essential drugs and consumables in consultation with the State Government to tide over the crisis.
- Disease surveillance activities are mounted and public health measures are instituted to prevent outbreak of epidemic prone diseases and to contain them if it has to happen.

- MOHFW has initiated training activities on mass casualty management which is being institutionalized for training district hospital managers.
- MOHFW is a part of the damage assessment team of MHA which assesses the health sector damage and recommends appropriate financial support to the States under CRF/ NCCF norms.

Integrated disease surveillance project

2089. SHRI RAVULA CHANDRASEKAR REDDY: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have any proposal to set up an integrated disease surveillance project all over the country in a phased manner;

(b) it so, the modalities worked out so far in this regard;

(c) the funds allocated for this purpose to each State during the current year;

(d) the funds utilized by each State for the said period; and

(e) the progress achieved so far by each State?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Integrated Disease Surveillance Project (IDSP) has already been launched in November 2004 by Government of India to strengthen surveillance activities in order to promote early detection of outbreak and to initiate appropriate action for prevention and control of diseases. It seeks to set up a decentralized State and district based surveillance system in the country. The project is to be implemented in phased manner and at present the project is in various stages of implementation in 32 States/Union territories. The States of Uttar Pradesh, Bihar and Jharkhand, envisaged to be covered under Phase III of the project would be inducted after signing of MOU with the respective State Governments

(c) and (d) The present status of funds released to the States covered under the project and the expenditure position for the period from the year 2004 till date is given in Statement (*See* below).

(e) As for the training component of the project, the training of Masters Trainers has been completed for States covered under Phase I and II. Besides, training of number of Medical Officers, Health workers, District Lab Technicians and peripheral Lab technicians has also been undertaken in these States. National Informatics Centre has been establishing dual connectivity (satellite and broadband) to cover 35 State headquarters, 600 district headquarters and other Medical Colleges and Infectious disease hospitals – 132 sites have been established. Laboratory equipments have been provided to phase I States, through Central procurement. Procurement for other States is under process. The Central Surveillance Unit presently receives weekly disease surveillance reports from 75% of districts covered under phase I and II. Under the project, the date is analyzed at all three – District, State and Centre level, whereas, District Surveillance Unit initiates action. State and Central Surveillance units also monitor the actions whenever rising trends are detected.